

Lesson 1

Using PDFs

1. Your name _____

3a. What is your attorney's name? _____

3b. What is your position? _____

4. Street address _____

5. City, State, ZIP

6. Telephone (with area code) _____

7. Attorney's E-mail address

8. Your E-mail address _____

9. Is the attorney a member of the Southern District of California Bar? Yes

No

10. Attorney's California State Bar Number:

11. Does the attorney already have a valid CM/ECF password? Yes
No

12. Does the attorney have a PACER login and password? Yes
No

13. Will the attorney be attending the instructor-led CM/ECF training? (select one)
Yes
No
Maybe

14. Will others in your office be attending the instructor-led CM/ECF training with you?
If so, please provide their names and titles:
